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**CONFIRMATION NO. 4451**

<b>SERIAL NUMBER</b> 10/627,660	<b>FILING OR 371(c) DATE</b> 07/28/2003 <b>RULE</b>	<b>CLASS</b> 417	<b>GROUP ART UNIT</b> 3753	<b>ATTORNEY DOCKET NO.</b> 032722-571
<b>APPLICANTS</b> Earl W. Clausen, Eden Prairie, MN; Lloyd C. Hubbard, Deephaven, MN;				
<b>** CONTINUING DATA *****</b> This application is a REI of 07/426,102 10/24/1989 PAT 4,984,972				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/03/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 45 <b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 46909				
<b>TITLE</b> Centrifugal blood pump				
<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	